

OHIO TRAFFIC CRASH REPORT

OH-1 (Rev. 1-82)

LOCAL REPORT NO. 16-15224		<input type="checkbox"/> OH-2 <input type="checkbox"/> OH-3		Lebanon Police		0830300		ODHS USE ONLY - 00 NOT MARK ABOVE		LOCAL FILE NO.	
REPORT TAKEN	<input type="checkbox"/> AT STATION <input checked="" type="checkbox"/> AT SCENE	NO OF VEH PEDESTRIANS INVOLVED	CRASH SEVERITY (CHECK MOST SEVERE) <input type="checkbox"/> FATAL <input type="checkbox"/> INJURY <input checked="" type="checkbox"/> PROPERTY DAMAGE ONLY		COMBINED VEH/PROP LOSS	<input checked="" type="checkbox"/> OVER \$150 <input type="checkbox"/> UNDER \$150	HIT SKIP	<input type="checkbox"/> SOLVED <input type="checkbox"/> UNSOLVED			
IN COUNTY OF WARREN		IN <input checked="" type="checkbox"/> CITY		LEBANON		DATE OF CRASH: 8.15.16		DAY: MON	TIME: MILITARY		
CRASH OCCURRED ON		1916 Drake Rd, Lebanon OH 45036		WITHIN THE INTERSECTION OF							
IF NOT IN INTERSECTION		N S		(LIST NEAREST INTERSECTING STREET, MILEPOST, HOUSE NO.)				CITY CODE			
LOG-1		LOG-2		LOC JUR FH9 FILT							
A	UNIT NO. 1	NO OF OCCUPANTS 1	OPERATING <input checked="" type="checkbox"/>	PARKED <input type="checkbox"/>	DRIVERLESS <input type="checkbox"/>	HIT & RUN NON CONTACT <input type="checkbox"/>	INSURANCE CO. OR AGENT	State Farm			
DRIVER-PEDESTRIAN NAME (LAST, FIRST, MI)		Albright, Aaron		ADDRESS (NO., STREET, CITY, STATE, ZIP CODE)		3145 Dawnele Ct, Lebanon OH 45036					
PHONE NO. (513) 225-6143		BIRTH DATE 10.27.99	AGE 16	SEX M	SOCIAL SECURITY NO.	STATE OH	DRIVER'S LICENSE NO. UP561564	OCCUPATION			
OWNER (IF SAME AS DRIVER, WRITE SAME)		Rheinscheld, Paulette		ADDRESS		3595 Knight Rd NE, Washington Court House OH		PHONE (740) 506-3898			
VEH YR 03	MAKE Ford	MODEL Escape	COLOR Maroon	STYLE SW	STATE OH	LICENSE PLATE NO. DXR9050	TOWING SERVICE	VEH/PED DIR FROM E TO W			
CIRCLE DAMAGE AREAS		9 TOP 10 UNDER CAR 11 LOAD 12 TRAILER		DAMAGE SEVERITY <input checked="" type="checkbox"/> NON-FUNCTIONAL <input type="checkbox"/> FUNCTIONAL <input type="checkbox"/> DISABLING		DAMAGE SCALE <input checked="" type="checkbox"/> NONE <input type="checkbox"/> MODERATE <input type="checkbox"/> LIGHT <input type="checkbox"/> HEAVY		VEHICLE DISPOSITION <input checked="" type="checkbox"/> DRIVEN AWAY <input type="checkbox"/> REMAINED AT SCENE <input type="checkbox"/> TOWED		FIRE <input checked="" type="checkbox"/> NO FIRE <input type="checkbox"/> FIRE DUE TO CRASH <input type="checkbox"/> OTHER FIRE	
8	UNIT NO. 2	NO OF OCCUPANTS 1	OPERATING <input checked="" type="checkbox"/>	PARKED <input type="checkbox"/>	DRIVERLESS HIT & RUN NON-CONTACT <input type="checkbox"/>	INSURANCE CO. OR AGENT	Erie Ins Co.				
DRIVER-PEDESTRIAN NAME (LAST, FIRST, MI)		Adkins, Gale		ADDRESS (NO., STREET, CITY, STATE, ZIP CODE)		560 Little Creek Dr, Lebanon OH 45036					
PHONE NO. (513) 850-0416		BIRTH DATE 9.5.99	AGE 16	SEX M	SOCIAL SECURITY NO.	STATE OH	DRIVER'S LICENSE NO. UL723165	OCCUPATION			
OWNER (IF SAME AS DRIVER, WRITE SAME)		Medley, Michael		ADDRESS		560 Little Creek Dr, Lebanon, OH		PHONE (513) 850-1851			
VEH YR 09	MAKE Chevy	MODEL Cobalt	COLOR Green	STYLE 4H	STATE OH	LICENSE PLATE NO. GQE5963	TOWING SERVICE	VEH/PED DIR FROM W to E			
CIRCLE DAMAGE AREAS		9 TOP 10 UNDER CAR 11 LOAD 12 TRAILER		DAMAGE SEVERITY <input checked="" type="checkbox"/> NON-FUNCTIONAL <input type="checkbox"/> FUNCTIONAL <input type="checkbox"/> DISABLING		DAMAGE SCALE <input checked="" type="checkbox"/> NONE <input type="checkbox"/> MODERATE <input type="checkbox"/> LIGHT <input type="checkbox"/> HEAVY		VEHICLE DISPOSITION <input checked="" type="checkbox"/> DRIVEN AWAY <input type="checkbox"/> REMAINED AT SCENE <input type="checkbox"/> TOWED		FIRE <input checked="" type="checkbox"/> NO FIRE <input type="checkbox"/> FIRE DUE TO CRASH <input type="checkbox"/> OTHER FIRE	
C	FROM UNIT NO.	NAME (LAST, FIRST, MI)		BIRTHDATE	AGE	POSITION		INJURIES			
		ADDRESS		PHONE	SEX	A B C D E F		A B C D E F			
D	FROM UNIT NO.	NAME (LAST, FIRST, MI)		BIRTHDATE	AGE	A B C D E F		A B C D E F		1 FATAL 2 SERIOUS VISIBLE 3 MINOR VISIBLE 4 NO VISIBLE INJURY 5 NOT INJURED	
		ADDRESS		PHONE	SEX	A B C D E F		A B C D E F			
E	FROM UNIT NO.	NAME (LAST, FIRST, MI)		BIRTHDATE	AGE	A B C D E F		A B C D E F		CONDITION	
		ADDRESS		PHONE	SEX	A B C D E F		A B C D E F		1 APPARENTLY NORMAL 2 SICK 3 FATIGUED 4 APPARENTLY ASLEEP 5 PHYSICAL DEFECT 6 OTHER CONDITION 7 UNKNOWN	
F	FROM UNIT NO.	NAME (LAST, FIRST, MI)		BIRTHDATE	AGE	A B C D E F		A B C D E F			
		ADDRESS		PHONE	SEX	A B C D E F		A B C D E F			
A B C		INJURED TAKEN TO		By		A B C D E F		A B C D E F		ALCOHOL	
D E F		INJURED TAKEN TO		By		A B C D E F		A B C D E F		1 NOT USED 2 NONE AVAILABLE 3 LAP BELT USED 4 LAP/SHOULDER BELT USED 5 SHOULDER BELT USED 6 CHILD SAFETY SEAT 7 AIR BAG USED 8 USE NOT REPORTED	
A		OFFENSE CHARGED AND DESCRIPTION		ORC CITY ORD.		A B C D E F		A B C D E F		1 NO ALCOHOL DETECTED 2 HBD ABILITY IMPAIRED 3 HBD ABILITY NOT IMPAIRED 4 HBD ABILITY UNKNOWN	
O		OFFENSE CHARGED AND DESCRIPTION		ORC CITY ORD.		A B C D E F		A B C D E F		DRUGS	
RECEIVED CALL 1450		DISPATCHED 1451	ARRIVED 1530	CLEARED 1535	OTHER TIME	TOTAL MINUTES 45	A B C D E F		A B C D E F		1 NOT EJECTED 2 PARTIAL 3 TOTAL 4 TRAPPED INSIDE VEHICLE
DATE REPORT FILED		PHOTOS <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	OFFICER'S NAME T. Cooper		BADGE NO. 125	CHECKED BY	A B C D E F		A B C D E F		1 NO DRUGS DETECTED 2 USING PRESCRIBED DRUG 3 USING ILLICIT DRUG